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Stories for this week include:

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Headline: MEDFLAG '96 Lends Helping Hand in Mali

Mali, Africa--Corpsmen and medical officers from U.S. Naval Hospitals (USNH) Naples, Italy, and Rota, Spain, joined health care professionals from other branches of the armed forces recently in a humanitarian mission to Mali.

Dubbed MEDFLAG '96, medical personnel provided immunizations, primary care, and dental care to villagers in the African nation.

"We set up an immunization tent, a pharmacy tent, and a medical tent," said LCDR Kriste Grau, NC, a pediatric nurse practitioner from USNH Naples. "The village people would line up, and we would see as many as we could see."

The team left their quarters at a Mali military academy in the town of Kati each morning about 7 a.m., and started for their temporary homes each evening about 5 p.m. With few exceptions, everyone who came to the makeshift clinic was seen.

"We generally saw the sicker ones in the morning, and toward the end of the day, we would see people who simply needed vitamins or Tylenol," said Grau. "We tried to give everybody something."

Grau said that, medical speaking, Mali was in a whole different world.

"The villages basically have no medical care," she said. "There's a local 'healer' in the village. We saw a

lot of tropical diseases (in people) that hadn't been treated in years."

Despite the primitive conditions, the team found it a rewarding experience.

"I was very happy to go," said HN Veronica Blitz, who worked in the immunization tent. "I was glad to help out, and I had always wanted to travel to Africa."

U.S. European Command has organized and executed annual military medical exercises in Africa since the 1980s. This year's joint exercise was made up of about 80 people.

In addition to providing medical care, the exercise also included mass casualty drills and training for the Malis on disaster preparedness, trauma life support, and self-aid.

By Chris Ingalls, USNH Naples, Italy

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Headline: Dental Team Becomes Dog's Best Friend

Rota, Spain--A team of Navy dentists helped out man's best friend recently, and saved the Navy almost \$60,000, too.

Branch Dental Clinic (BDC) Rota, Spain, received a call from Naval Station Rota's Army veterinarian, who is responsible for the health of the security department's military working dogs. One of the dogs, a German Shepherd named Crete, broke off his two "canine" teeth. Could the clinic repair them?

Repairing the teeth wasn't just a matter of cosmetics. Canine teeth are necessary to maintain tongue position, which is particularly important in dogs. Panting is their main method of removing heat from their bodies. The dogs also use their canine teeth for defense.

The dog was brought into the clinic after hours to avoid disrupting human patient's scheduled appointments. First, CDR Jeffrey Thorpe, DC, a dentist who specializes in tooth pulp diseases and injuries, performed emergency root canals on the two teeth, which was required to prevent infection that could spread through Crete's mouth.

Then, LCDR Gregory Waskewicz, DC, a dentist who specializes in restoring teeth, when to work. He made an impression of the dog's mouth so he could use the model to build new teeth and make a crown.

"It was the first dog's mouth impression tray (mold) I've ever done," said Waskewicz. "It was very interesting because the dog has an elongated, narrower mouth than the human."

The dog made several visits to the clinic before his dental work was completed.

Crete had many hours of special training, including drug and bomb detection, and patrol and tracking. It is estimated that, should Crete's proficiency or health deteriorate from the loss of his two teeth, it would cost more than \$60,000 to replace him.

"He is a beautiful dog," said Thorpe. "I was glad we

could save the dog and in the process save the Navy \$60,000."

By LCDR Nicholas Mazzeo, DC, BDC Rota

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Headline: Commissary Tobacco Prices Rise

Higher prices for tobacco products went into effect at all military commissaries 1 November.

The Department of Defense (DOD) has raised commissary tobacco prices to enhance military personnel readiness by discouraging smoking and promoting healthier lifestyles, according to a 23 August 1996 DOD announcement. Depending on the brand, taxes and regional prices, commissary tobacco prices are expected to rise between 20 and 30 percent.

Prices on other commissary products are not affected.

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Headline: Bremerton Stands Up Fleet Hospital

Bremerton, WA--"Cammies" are in at Naval Hospital (NH) Bremerton, WA.

They've been issued to many of the hospital's service members who will form the core of Fleet Hospital Bremerton, a deployable unit of about 200 people who can operate a 60-bed contingency hospital.

NH Bremerton used to be a participant in Fleet Hospital Five, a deployable unit that drew health care professionals from a wide geographic area. It has been disestablished, and Fleet Hospital Bremerton has been established to replace it. According to NH Bremerton Executive Officer CAPT Brian Brannman, the biggest difference between the old fleet hospital organization and the new is that it will predominately draw health care professionals from the immediate geographic area.

"This will give us a lot of unit integrity," Brannman said. "We're all here working closely together with a lot better cohesion toward fleet hospital training and other operations."

Although the core of the fleet hospital is comprised of NH Bremerton and nearby NH Oak Harbor personnel, additional personnel from other commands will be brought in to provide specialized medical support that may not be available through the two hospitals.

According to Brannman, the hospital will be flexible to respond to different situations.

"The fleet hospital is going to have a couple segments to it," said Brannman, "We're going to have about a 200 person core unit that can operate a small 60-bed contingency hospital. Then if more are needed, we can send and support a full 500-bed platform."

One of ten fleet hospitals nationwide, Bremerton will provide comprehensive, shore-based patient care to the fleet and Marine forces engaged in conflicts throughout the world.

According to LT Nancy Franze, MSC, head of plans and operations at Bremerton, the new Fleet Hospital will have a

chance to practice its mobilization and health care skills in Camp Pendleton, CA, in February at a training exercise.
By JOSA Jose' Blanco, NH Bremerton

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Headline: Roosevelt Roads Gets Top JCAHO Marks

Roosevelt Roads, PR--U.S. Naval Hospital (USNH)
Roosevelt Roads is busting its buttons with pride these days after achieving accreditation with commendation from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). The hospital scored a 98 out of a possible 100 points after the final review by JCAHO.

After the two day inspection in September, the three surveyors were so impressed with the hospital's quality of care that they asked to take four documents to share with other hospitals as examples of excellence.

Roosevelt Roads' Commanding Officer, CAPT William F. Lorenzen, MSC, wasn't surprised by the outcome.

"I'd be worried (about the outcome) if I did not have such good people working here at the hospital," he said at a preparation meeting before the on-site visit by the JCAHO.

Founded in 1951, the JCAHO is a civilian organization dedicated to improving the quality of the nation's health care through a voluntary accreditation program.

By LT Andrew M. Davidson, USNH Roosevelt Roads, PR

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Headline: TRICARE Question and Answer

Q. When I joined the Navy, I was promised free health care for life, so long as I retire in good standing. Now I'm told that I have to pay an enrollment fee to get health care when I retire. Why?

A. While many beneficiaries were told by recruiters they would have free medical and dental care for life based on their military service, federal law never provided non-active duty beneficiaries an unqualified commitment for unlimited medical care without charge. What has often been misunderstood by service members and their families is that while they may be "eligible" for care in military medical treatment facilities, they are not "entitled" to care, except as resources permit.

Title 10, United States Code, states retired personnel "may, upon request, be given medical and dental care in any facility of any uniformed service, subject to the availability of space and facilities." Unfortunately, most facilities can no longer fully meet military retiree's health care needs.

TRICARE Prime, with its annual enrollment fee, is designed to give retirees options that would allow them to obtain their health care at a relatively low cost overall. Other options, with annual deductibles, 25 percent copayments for services, and other associated fees, has made accessing health care expensive for many retirees. TRICARE Prime gives retirees and their families an option to obtain

health care at less cost and reduce out-of-pocket expenses.

Do you have a question about TRICARE you would like to see answered? The Bureau of Medicine and Surgery now has a special e-mail address where you can send in your questions and have them responded to via NEWNEWS. The E-mail address is TRICARE@bms200.med.navy.mil. MEDNEWS will try to respond to as many questions as possible. If you and you family have specific personal questions about TRICARE, please contact your TRICARE Service Center.

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Headline: Healthwatch: Mammograms: Pictures That Could Save Your Life

Statistics show that one woman in nine will develop breast cancer in her lifetime. While women are susceptible to it at any age, it is most common in women over the age of 50. Women with a mother, sister or daughter who have been diagnosed with breast cancer have a higher risk of contracting the disease. More than 60 percent of women who develop breast cancer have no identifiable risk factors.

These are frightening statistics, but there are actions you can take to increase your chances of catching the disease early and prevent it from spreading. Starting at age 20, begin a monthly breast self-examination. Your health care provider can show you how. Then, at age 35 to 39, have a mammogram to serve as a baseline for future mammograms.

A mammogram is a safe, low-dose x-ray picture of the breast that allows your health care provider a look "inside." A mammogram detects 90 to 95 percent of all breast cancers, even cancers that are too small for you or your health care provider to feel. With odds as good as these, it is important women take advantage of this quick, painless, easy method to protect their health.

Health care providers recommend that women between the ages of 40 and 49 have a mammogram every year.

One thing you can do to reduce your risk of getting cancer is eat right. Studies have shown that women who eat a diet low in fat and high in vitamins and minerals have a lower incidence of breast cancer.

Reprinted from "The Binnacle," Naval Hospital Halyburton, Cherry Point, NC

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Feedback and comments are welcome. Story submissions are encouraged. Contact Jan Davis, MEDNEWS editor, at e-mail address mednews@bms200.med.navy.mil, telephone 202/762-3223, DSN 762-3223, or fax 202/762-3224.